

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09782791	FILING DATE 02/13/01				
CLAIMS							*		*		*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51	1				
2	1						52	1				
3	1						53	1				
4	1						54	1				
5	1						55	1				
6	1						56	1				
7	1						57	1				
8	1						58	1				
9	1						59	1				
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12	1						62	1				
13	1						63	1				
14	1						64	1				
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16	1						66	1				
17	1						67	1				
18	1						68	1				
19	1						69	1				
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35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1						96					
47	1						97					
48	1						98					
49	1						99					
50	1						100					
TOTAL IND.	6						TOTAL IND.					
TOTAL DEP.	64						TOTAL DEP.					
TOTAL CLAIMS	70						TOTAL CLAIMS					